

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

ASHLEY ADAMS	:	
716 North Barrett Lane	:	
Christiana, DE 19702	:	DISTRICT COURT
PLAINTIFF	:	
	:	
v.	:	No. 04-251 JJF
	:	
JO ELLEN CHAPEN SHELDON	:	
708 Pebble Beach Drive	:	
Elkton, MD 21921	:	
	:	TRIAL BY JURY DEMANDED
DEFENDANT	:	

**DEFENDANT'S SECOND REQUEST FOR PRODUCTION
DIRECTED TO PLAINTIFF**

The defendant requests the plaintiff to produce for examination and copying at the office of the attorney for the defendant, on or before thirty (30) days from receipt of this Request:

10. A medical authorization in the form appended to this request.

11. If there is a claim for loss of earnings or loss of earning capacity, then defendant requests that plaintiff execute the Authorization for Employment Records appended to this request.

/S/Beth H. Christman
BETH H. CHRISTMAN, ESQ.
I.D. No. 2107
Casarino, Christman & Shalk, P.A.
800 N. King Street, Suite 200
P.O. Box 1276
Wilmington, DE 19899
(302) 594-4500
Attorney for Defendant

DATE: November 16, 2005

AUTHORIZATION FOR EMPLOYMENT RECORDS

TO WHOM IT MAY CONCERN:

I do hereby authorize the release of any and all employment records to the bearer of this authorization to include attendance records, wage statements, performance evaluations, disciplinary records, letters of resignation, medical records, and W-2 forms.

Ashley Adams (PRINTED)

Ashley Adams (SIGNATURE)

DOB

SOCIAL SECURITY NUMBER

DATED:

CASARINO, CHRISTMAN & SHALK, P.A.

ATTORNEYS AT LAW

CONECTIV BUILDING

800 NORTH KING STREET

SUITE 200

P.O. BOX 1276

WILMINGTON, DELAWARE 19899

(302) 594-4500

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REPLY TO OUR MAILING ADDRESS:

P.O. BOX 1276

WILMINGTON, DE 19899

STEPHEN P. CASARINO
COLIN M. SHALK
BETH H. CHRISTMAN
DONALD M. RANSOM
KENNETH M. DOSS
THOMAS P. LEFF
MATTHEW E. O'BYRNE
CHANETA G. BROOKS-MONTABAN
JOHN A. MACCONI, JR.

HIPAA AUTHORIZATION FOR MEDICAL RECORDS

I, **Ashley Adams**, hereby authorize use or disclosure of protected health information about me as described below.

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure:

Beth H. Christman, Esquire or any other attorney at the law firm of Casarino, Christman & Shalk.

2. The following person or class of persons may receive disclosure of protected health information about me:

Beth H. Christman, Esquire; any other attorney at the law firm of Casarino, Christman & Shalk; and any associated employees of Casarino, Christman & Shalk.

3. The specific information that should be disclosed is: complete medical files including, but not limited to, films, counseling records, therapy records, reports, studies, prescriptions, etc.

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

The information used or disclosed will be used for the purpose of the personal injury case **Adams v. Sheldon, U.S. Dist.Ct., D.Del., No. 04-251 JJF**.

5. I may revoke this authorization by notifying Beth H. Christman, Esquire, of Casarino Christman & Shalk, P.A. in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. This authorization expires on **April 30, 2007 OR** upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: when the District Court action of **Adams v. Sheldon** has resolved.

Signature of Individual

Date of Signature

Date of Birth

SS#

Maiden Name / Other names by which you have been known: _____